

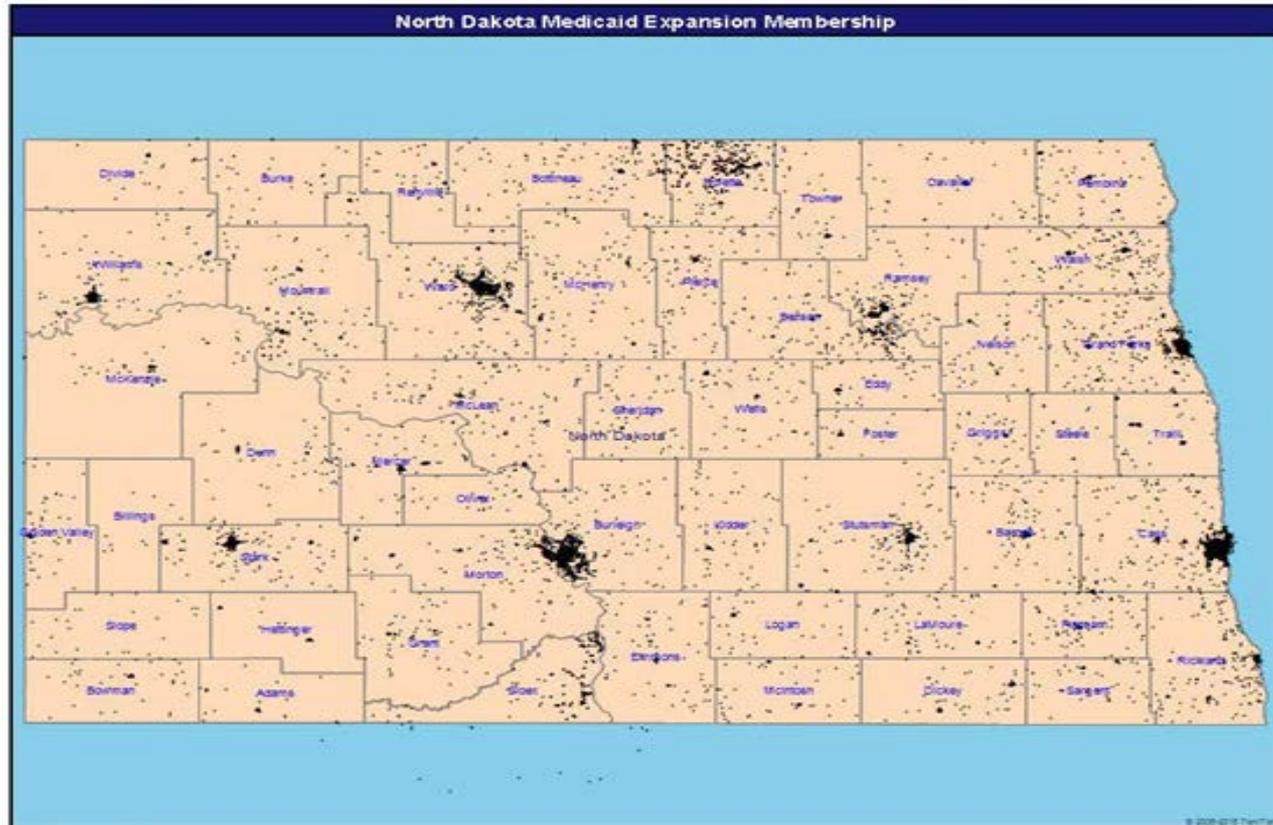
# **North Dakota Medicaid Expansion**

North Dakota  
Health Care Reform Review Committee  
January 19, 2016

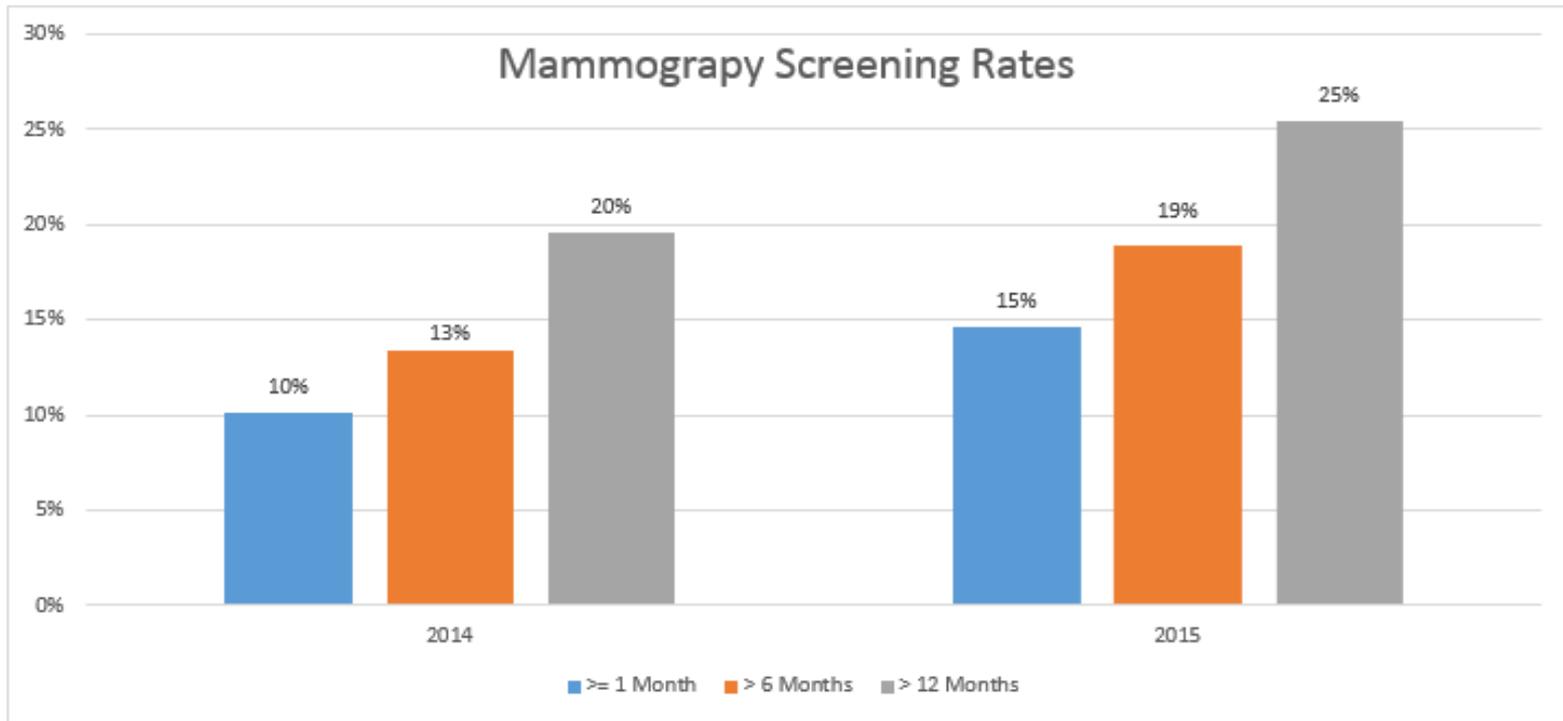
# Today's Discussion

- Distribution of membership within the State
- Cancer Screening Rates
- Emergency Room Utilization
- Coordinated Services Program (CSP)
- Pharmacy Patient Engagement Program (PEP)
- Quality Improvement Projects
  - Chronic Disease
  - Behavioral Health

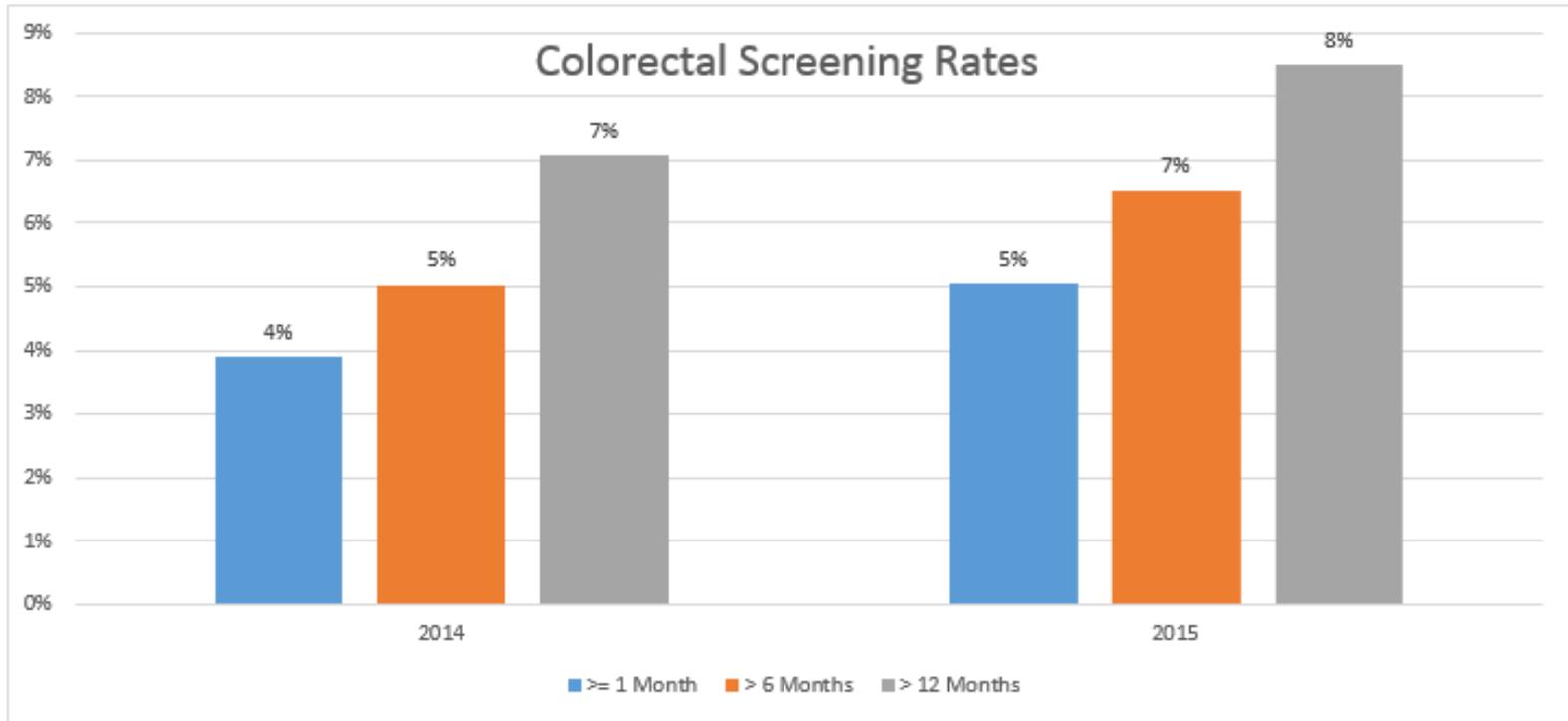
# Membership GeoAccess Map



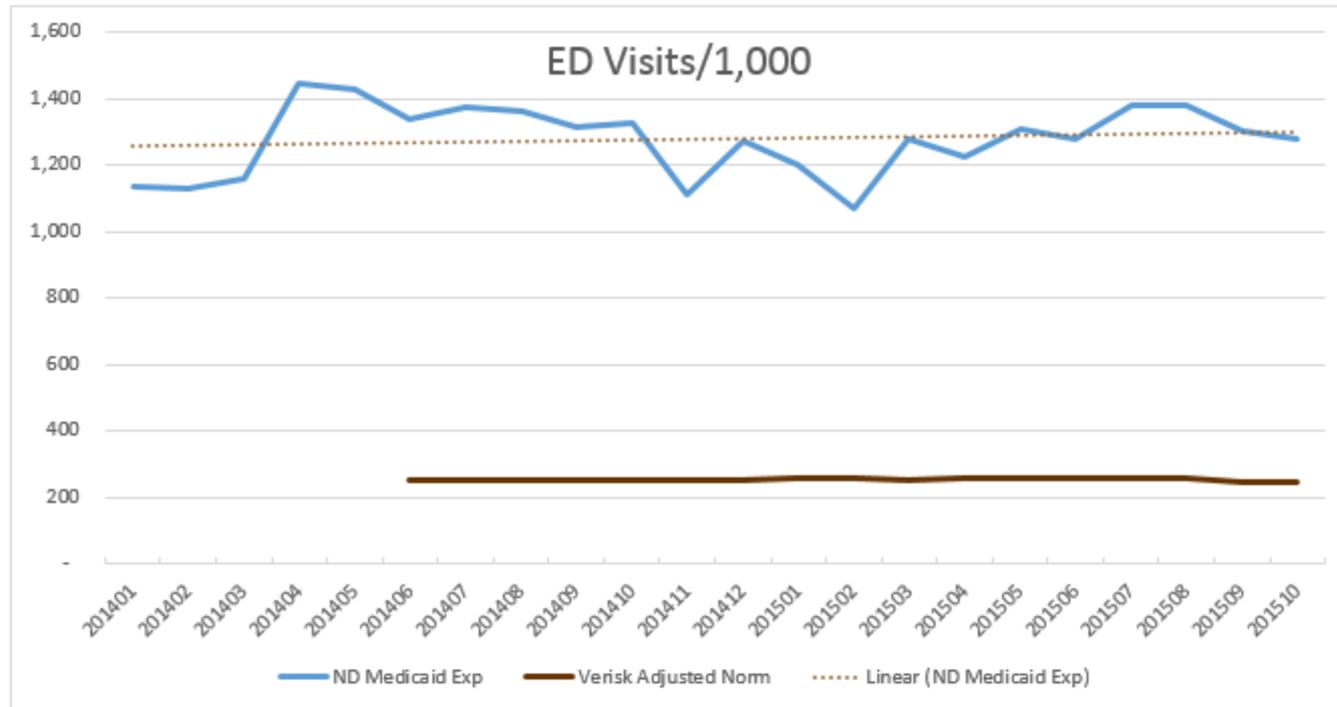
# Mammography Screening Rates



# Colorectal Screening Rates



# Emergency Room Utilization



- June 2014 – 1,341 Visits per 1,000
- June 2015 – 1,277 Visits per 1,000

# Coordinated Services Program (CSP)

- Members identified with improper use of medical services or medications
- Primary Care Provider (PCP) and pharmacy are designated
- Prescriptions can be limited to specific types
- PCP approves specialty referrals and restricted medications

# Pharmacy Patient Engagement Program (PEP)

- Medicaid Expansion Beneficiaries can “opt-in” program
- 2015 Program Analysis
  - 247 patients
  - 265 Interventions—
    - 89 Patients had questions on antibiotic adherence
    - 110 Patients glucose meter monitoring
    - 155 Patients blood pressure monitoring
    - 40% of patients opted to participate in Medication Sync program

# Quality Improvement Projects

- Performance improvement projects
  - Prevention and treatment of chronic conditions
    - Comprehensive diabetes care: A1c testing
    - Controlling high blood pressure
    - Adult Body Mass Index
  - Follow up for Mental Health
    - Follow up after hospitalization for Mental Illness
    - Screening for clinical depression and follow up plan

# Care Management

- In Process
  - Attribution of Patients by Care System
    - Stratify Risk of Patients
    - Primary Clinic location
  - Field Case Management
    - RN Care Manager
    - Life Advocate
    - Home Visits

# Questions